

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM/PTO-875)</small>							<small>SERIAL NO.</small> 09/425,956	<small>FILING DATE</small> 10/25/99					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
20		2		1			70						
21		2		1			71						
22		2		1			72						
23		2		2			73						
24		2		2			74						
25		2		2			75						
26		2		2			76						
27		2		2			77						
28		2		2			78						
29		2		2			79						
30		2		2			80						
31	/						81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35				/			85						
36				/			86						
37				/			87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	1	1	1			TOTAL IND.						
TOTAL DEP.	11	1	1	1			TOTAL DEP.						
TOTAL CLAIMS	15	2	2	2			TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1350 (REV. 3-78)

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